

## **Privacy Authorization Form**

Please print this form and email, fax or mail to:

Congressman Leonard Lance 425 North Avenue E Westfield, New Jersey 07090 Attn: (b) (6)

Phone: 908-518-7733 Fax: 908-518-7751  Email: (b) (6)
(b) (6) Name:
Address:
City, State, Zi
Home Phone:
Email:
Social Securit
Agency Involved: 4 / 4 / 4 / 4
Case Number, if applicable (VA claim, Alien number, tax ID, etc.):
Date and Place Claim was Filed:
Please describe problem in detail: Requesting a duplicate Set of dog tags to hephad 105t set.
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In accordance with the provisions of the Privacy Act, I hereby authorize Congressman Lance or a member of his staff to make the appropriate inquiries on my behalf.
SIGNED: DATE: 12/5/2016

HIM States of America HUNTERDON COUNTY VOL 20 OF VETTERAN'S











